Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Form

Department of the Treasury-Internal Revenue Service

8849 (Rev. October 2006)

Claim for Refund of Excise Taxes

OMB No. 1545-1420

Form **8849** (Rev. 10-2006)

Print clearly. Leave a	blank box between words.	
Name of claimant	Employer identification	on number (EIN)
Address (number, stree	t, room or suite no.) Social security num	ber (SSN)
City and state or pro	ince. If you have a foreign address, see page 2.	
Foreign country, if ap		imant's income year ends
		\Box
Daytime telephone nu	mber (optional)	
Caution. Do not use Form 8849 to make adjustments to liability reported on Forms 720 for prior quarters or to claim any amounts that were or will be claimed on Schedule C (Form 720), Claims, Form 4136, Credit for Federal Tax Paid on Fuels, Form 2290, Heavy Highway Vehicle Use Tax Return, or Form 730, Monthly Tax Return for Wagers.		
Schedules Attached		
Check (/) the appropriate box(es) for the schedule(s) you attach to Form 8849. Only attach the schedules on which you are claiming a refund. Schedules 2, 3, 5, and 8 cannot be filed with any other schedules on Form 8849. File each of these schedules with a separate Form 8849.		
Schedule 1	Nontaxable Use of Fuels	\square
Schedule 2	Sales by Registered Ultimate Vendors	\square
Schedule 3	Certain Fuel Mixtures	\square
Schedule 5	Section 4081(e) Claims	\square
Schedule 6	Other Claims	\square
Schedule 8	Registered Credit Card Issuers	\square
Sign	Under penalties of perjury, I declare (1) that I have examined this claim, including accompanying schedules and statemed of my knowledge and belief, it is true, correct, and complete, and (2) that amounts claimed on this form have not been, and on any other form.	
Here	Signature and title (if applicable)	Date
	Type or print your name below signature.	